

# DIRECT DEPOSIT

## For Federal Benefit Payments

OMB No. 1510-0007

### Sign-Up Form

TEST Standard Form 1196A  
(August 2005)  
Prescribed by Treasury Department  
Treasury Department, Cir. 1075

Or call **Go Direct<sup>SM</sup>** at 1 (800) 333-1795  
to sign up today.\*

#### DIRECTIONS

Please refer to the information on the reverse side before completing this form. You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments. Check the Government Listings Section of your local telephone directory for the nearest office.

\* If you elect to enroll by phone, the **Go Direct** toll-free number may only be used for social security, railroad retirement or Office of Personnel Management payments. You may also contact each agency individually at the toll-free number below. For veterans benefits and all other types of federal payments, you must enroll directly through your paying agency either by phone or completing and mailing this form.

**\*Department of Veterans Affairs**  
(877) 838-2778  
(800) 827-1000  
(800) 829-4833 TDD

**Railroad Retirement Board**  
(Automated System)  
(800) 808-0772  
(312) 751-4701 TTY

**Social Security Administration**  
(800) 772-1213  
(800) 325-0778 TTY

**Office of Personnel Management**  
(888) 767-6738  
(800) 878-5707 TDD

#### A. FEDERAL BENEFIT RECIPIENT INFORMATION

NAME OF FEDERAL BENEFIT RECIPIENT		
REPRESENTATIVE PAYEE? Yes <input type="checkbox"/> / If yes, enter name at right No <input type="checkbox"/>	NAME OF LEGAL REPRESENTATIVE	
ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
TELEPHONE NUMBER ( ) - -		
SOCIAL SECURITY OR CLAIM NUMBER (under which the current federal benefit payment is received)		
<div></div>		

#### B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	MILITARY (specify below)
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	Active <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/>
RAILROAD RETIREMENT (specify below)	<input type="checkbox"/> FEDERAL SALARY
Annuity <input type="checkbox"/> Unemployment benefit <input type="checkbox"/> survivor benefit <input type="checkbox"/>	<input type="checkbox"/> VA COMPENSATION OR PENSION
CIVIL SERVICE (OPM) RETIREMENT (specify below)	<input type="checkbox"/> OTHER (specify) _____
Retirement <input type="checkbox"/> Survivor <input type="checkbox"/> annuity <input type="checkbox"/> annuity <input type="checkbox"/>	(Military, Federal Salary, VA and "Other" not available through Go Direct)
<input type="checkbox"/> ALLOTMENT (if applicable)	(type) _____ (amount) _____

#### C. BANK OR CREDIT UNION INFORMATION

DEPOSITOR ACCOUNT TITLE (name(s) on account)	
ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	** 9-DIGIT ROUTING NUMBER (see sample check on reverse side) <div></div>
** ACCOUNT NUMBER (see sample check on reverse side) <div></div>	

\*\* You may also attach a voided personal check.

#### D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.	
SIGNATURE	DATE

#### FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.	
SIGNATURE	DATE